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Mitchell, Morhaim, Oaks, Owings, Pendergrass, Rzepkowski,  
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Introduced and read first time: February 14, 2003

Assigned to: Rules and Executive Nominations

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Maintenance Organizations - Patient Access to Choice of Provider**

3 FOR the purpose of altering certain standards of care for health maintenance  
4 organizations by requiring those standards to include a requirement that a  
5 health maintenance organization shall assure that each member shall have the  
6 opportunity to select a certified nurse practitioner from those available to the  
7 health maintenance organization; authorizing the members of a health  
8 maintenance organization to select a certified nurse practitioner as the  
9 member's primary care provider under certain circumstances; providing that a  
10 member who selects a certified nurse practitioner as a primary care provider  
11 shall be provided certain information about the nurse practitioner's  
12 collaborating physician; providing for the construction of this Act; and generally  
13 relating to health maintenance organizations and certified nurse practitioners.

14 BY repealing and reenacting, with amendments,  
15 Article - Health - General  
16 Section 19-705.1  
17 Annotated Code of Maryland  
18 (2000 Replacement Volume and 2002 Supplement)

19 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
20 MARYLAND, That the Laws of Maryland read as follows:

21 **Article - Health - General**

22 19-705.1.

23 (a) The Secretary shall adopt regulations that set out reasonable standards of  
24 quality of care that a health maintenance organization shall provide to its members.

25 (b) The standards of quality of care shall include:

1 (1) (i) A requirement that a health maintenance organization shall  
2 provide for regular hours during which a member may receive services, including  
3 providing for services to a member in a timely manner that takes into account the  
4 immediacy of need for services; and

5 (ii) Provisions for assuring that all covered services, including any  
6 services for which the health maintenance organization has contracted, are accessible  
7 to the enrollee with reasonable safeguards with respect to geographic locations;

8 (2) A requirement that a health maintenance organization shall have a  
9 system for providing a member with 24-hour access to a physician in cases where  
10 there is an immediate need for medical services, and for promoting timely access to  
11 and continuity of health care services for members, including:

12 (i) Providing 24-hour access by telephone to a person who is able  
13 to appropriately respond to calls from members and providers concerning after-hours  
14 care; and

15 (ii) Providing a 24-hour toll free telephone access system for use in  
16 hospital emergency departments in accordance with § 19-705.7 of this subtitle;

17 (3) A requirement that any nonparticipating provider shall submit to the  
18 health maintenance organization the appropriate documentation of the medical  
19 complaint of the member and the services rendered;

20 (4) A requirement that a health maintenance organization shall have a  
21 physician available at all times to provide diagnostic and treatment services;

22 (5) A requirement that a health maintenance organization shall assure  
23 that:

24 (i) Each member who is seen for a medical complaint is evaluated  
25 under the direction of a physician; and

26 (ii) Each member who receives diagnostic evaluation or treatment  
27 is under the [direct] medical management of a health maintenance organization  
28 physician who provides continuing medical management;

29 (6) A requirement that each member shall have an opportunity to select  
30 a primary physician OR A CERTIFIED NURSE PRACTITIONER from among those  
31 available to the health maintenance organization; and

32 (7) A requirement that a health maintenance organization print, in any  
33 directory of participating providers or hospitals, in a conspicuous manner, the  
34 address, telephone number, and facsimile number of the State agency that members,  
35 enrollees, and insureds may call to discuss quality of care issues, life and health  
36 insurance complaints, and assistance in resolving billing and payment disputes with  
37 the health plan or health care provider, as follows:

1 (i) For quality of care issues and life and health care insurance  
2 complaints, the Maryland Insurance Administration; and

3 (ii) For assistance in resolving a billing or payment dispute with  
4 the health plan or a health care provider, the Health Education and Advocacy Unit of  
5 the Consumer Protection Division of the Office of the Attorney General.

6 (C) (1) A MEMBER MAY SELECT A CERTIFIED NURSE PRACTITIONER AS THE  
7 MEMBER'S PRIMARY CARE PROVIDER IF:

8 (I) THE CERTIFIED NURSE PRACTITIONER PROVIDES SERVICES AT  
9 THE SAME LOCATION AS THE CERTIFIED NURSE PRACTITIONER'S COLLABORATING  
10 PHYSICIAN; AND

11 (II) THE COLLABORATING PHYSICIAN PROVIDES THE CONTINUING  
12 MEDICAL MANAGEMENT REQUIRED UNDER SUBSECTION (B)(5) OF THIS SECTION.

13 (2) A MEMBER WHO SELECTS A CERTIFIED NURSE PRACTITIONER AS A  
14 PRIMARY CARE PROVIDER SHALL BE PROVIDED THE NAME AND CONTACT  
15 INFORMATION OF THE CERTIFIED NURSE PRACTITIONER'S COLLABORATING  
16 PHYSICIAN.

17 (3) THIS SUBSECTION MAY NOT BE CONSTRUED TO REQUIRE THAT A  
18 HEALTH MAINTENANCE ORGANIZATION INCLUDE CERTIFIED NURSE  
19 PRACTITIONERS ON THE HEALTH MAINTENANCE ORGANIZATION'S PROVIDER PANEL  
20 AS PRIMARY CARE PROVIDERS.

21 [(c)] (D) (1) The health maintenance organization shall make available and  
22 encourage appropriate history and baseline examinations for each member within a  
23 reasonable time of enrollment set by it.

24 (2) Medical problems that are a potential hazard to the person's health  
25 shall be identified and a course of action to alleviate these problems outlined.

26 (3) Progress notes indicating success or failure of the course of action  
27 shall be recorded.

28 (4) The health maintenance organization shall:

29 (i) Offer or arrange for preventive services that include health  
30 education and counseling, early disease detection, immunization, and hearing loss  
31 screening of newborns provided by a hospital before discharge;

32 (ii) Develop or arrange for periodic health education on subjects  
33 which impact on the health status of a member population; and

34 (iii) Notify every member in writing of the availability of these and  
35 other preventive services.

1 (5) The health maintenance organization shall offer services to prevent a  
2 disease if:

3 (i) The disease produces death or disability and exists in the  
4 member population;

5 (ii) The etiology of the disease is known or the disease can be  
6 detected at an early stage; and

7 (iii) Any elimination of factors leading to the disease or  
8 immunization has been proven to prevent its occurrence, or early disease detection  
9 followed by behavior modification, environmental modification, or medical  
10 intervention has been proven to prevent death or disability.

11 [(d)] (E) (1) To implement these standards of quality of care, a health  
12 maintenance organization shall have a written plan that is updated and reviewed at  
13 least every 3 years.

14 (2) The plan shall include the following information:

15 (i) Statistics on age, sex, and other general demographic data used  
16 to determine the health care needs of its population;

17 (ii) Identification of the major health problems in the member  
18 population;

19 (iii) Identification of any special groups of members that have  
20 unique health problems, such as the poor, the elderly, the mentally ill, and  
21 educationally disadvantaged; and

22 (iv) A description of community health resources and how they will  
23 be used.

24 (3) The health maintenance organization shall state its priorities and  
25 objectives in writing, describing how the priorities and objectives relating to the  
26 health problems and needs of the member population will be provided for.

27 (4) (i) The health maintenance organization shall provide at the time  
28 membership is solicited a general description of the benefits and services available to  
29 its members, including benefit limitations and exclusions, location of facilities or  
30 providers, and procedures to obtain medical services.

31 (ii) The health maintenance organization shall place the following  
32 statement, in bold print, on every enrollment card or application: "If you have any  
33 questions concerning the benefits and services that are provided by or excluded under  
34 this agreement, please contact a membership services representative before signing  
35 this application or card".

36 (5) The plan shall contain evidence that:

1 (i) The programs and services offered are based on the health  
2 problems of and the community health services available to its member population;

3 (ii) There is an active program for preventing illness, disability, and  
4 hospitalization among its members; and

5 (iii) The services designed to prevent the major health problems  
6 identified among child and adult members and to improve their general health are  
7 provided by the health maintenance organization.

8 [(e)] (F) (1) The health maintenance organization shall have an internal  
9 peer review system that will evaluate the utilizational services and the quality of  
10 health care provided to its members.

11 (2) The review system shall:

12 (i) Provide for review by appropriate health professionals of the  
13 process followed in the provision of health services;

14 (ii) Use systematic data collection of performances and patient  
15 results;

16 (iii) Provide interpretation of this data to the practitioners;

17 (iv) Review and update continuing education programs for health  
18 professionals providing services to its members;

19 (v) Identify needed change and proposed modifications to  
20 implement the change; and

21 (vi) Maintain written records of the internal peer review process.

22 [(f)] (G) (1) Except as provided in paragraph (5) of this subsection, the  
23 Department shall conduct an annual external review of the quality of the health  
24 services of the health maintenance organization in a manner that the Department  
25 considers to be appropriate.

26 (2) The external review shall be conducted by:

27 (i) A panel of physicians and other health professionals that  
28 consists of persons who:

29 1. Have been approved by the Department;

30 2. Have substantial experience in the delivery of health care  
31 in a health maintenance organization setting, but who are not members of the health  
32 maintenance organization staff or performing professional services for the health  
33 maintenance organization; and

34 3. Reside outside the area serviced by the health  
35 maintenance organization;

- 1 (ii) The Department; or
- 2 (iii) A federally approved professional standards review  
3 organization.
- 4 (3) The final decision on the type of external review that is to be  
5 employed rests solely with the Secretary.
- 6 (4) The external review shall consist of a review and evaluation of:
- 7 (i) An internal peer review system and reports;
- 8 (ii) The program plan of the health maintenance organization to  
9 determine if it is adequate and being followed;
- 10 (iii) The professional standards and practices of the health  
11 maintenance organization in every area of services provided;
- 12 (iv) The grievances relating specifically to the delivery of medical  
13 care, including their final disposition;
- 14 (v) The physical facilities and equipment; and
- 15 (vi) A statistically representative sample of member records.
- 16 (5) (i) The Secretary may accept all or part of a report of an approved  
17 accrediting organization as meeting the external review requirements under this  
18 subtitle.
- 19 (ii) Except as provided in subparagraph (iii) of this paragraph, a  
20 report of an approved accrediting organization used by the Department as meeting  
21 the external review requirements under this subtitle shall be made available to the  
22 public on request.
- 23 (iii) The Department may not disclose and shall treat as  
24 confidential all confidential commercial and financial information contained in a  
25 report of an approved accrediting organization in accordance with § 10-617(d) of the  
26 State Government Article.
- 27 (iv) The Department may inspect a facility of a health maintenance  
28 organization to:
- 29 1. Determine compliance with any quality requirement  
30 established under this subtitle;
- 31 2. Follow up on a serious problem identified by an approved  
32 accrediting organization; or
- 33 3. Investigate a complaint.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
2 October 1, 2003.